

## Action Learning, Action Research Association Ltd Volunteer Status Form

## **Contact details:**

Salutation
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Given Name(s)

Country

Family Name

Telephone/Mobile/Cell

Email Address

City/Town

Organisational affiliation (if relevant)

**Membership:** Please indicate if you are a current financial or acknowledged life member. Membership is not required to be a volunteer. If you are considering membership, please visit the <u>ALARA site</u>.

Member since

Not a current member

**Contributions:** Please tick "active "or "inactive" for all contributions in the current financial year and indicate any preferences for roles into the future.

Activity	Current Year		Future Preferred	
	Active	Inactive	Active	Inactive
Board member (executive leadership, six-weekly meetings)				
Committee member (policy leadership), six-weekly meetings				
ALARj editorship (editor and sub-editor roles)				
ALARj reviewer				
Other ALARA publications editorial roles				
Administrative support				
Conference and event facilitation				
Fund raising				
Marketing	]			
Technology administration and support				
Other: please describe				

## Volunteer agreement:

I agree to be respectful, honest and caring for the wellbeing of fellow volunteers and ALARA as a professional association. I agree to abide by ALARA policy which follows Australian legislation relating to occupational health and safety, diversity and inclusion, equal opportunity and conflict of interest.

I promise at all times in my dealings as an ALARA volunteer to act in a non-fraudulent manner, to eliminate bullying and harassment, and to use any funds or other resources made available to me in the most efficient and effective manner that works towards ALARA's vision of promotion of Action Research and Action Learning for a just, joyful and equitable world.

I expect ALARA to provide clear volunteer role descriptions, to make voluntary opportunities available to me that are aligned with my preferences, and to compensate me for agreed out of pocket expenses related to voluntary contributions.

## Signed:

Date: / /20

Once complete, please scan and send to admin@alarassociation.org, retaining a copy for yourself.